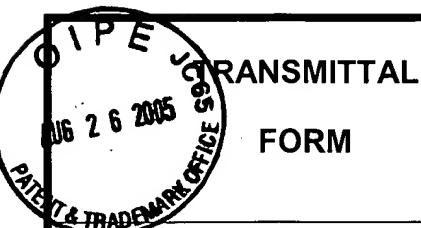


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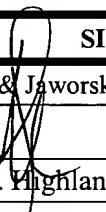
Application Number:	08/970,045
Filing Date:	November 13, 1997
First Named Inventor:	Eugen Koren
Art Unit:	1645
Examiner Name:	Patricia A. Duffy
Attorney Docket Number:	OMRF:043USCI

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s) _____	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Statement under 37 CFR §3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Designation of Patent Practitioners	<input type="checkbox"/> Check in the amount of \$ _____
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/OMRF:043USCI</u>
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> References _____	<input type="checkbox"/> CD, Number CD(s) _____	<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Computer Readable Form (CRF)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Reply to Missing Parts/Requirements		<input type="checkbox"/> _____
<input type="checkbox"/> Declaration(s) _____		<input type="checkbox"/> _____
<input type="checkbox"/> Copy of Notice of Missing Parts/Requirements		

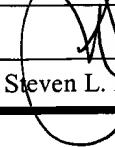
Remarks:

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	August 24, 2005		

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Typed or Printed Name	Steven L. Highlander
Date	August 24, 2005



PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

*In re* Application of:

Eugen Koren

Serial No.: 08/970,045

Filed: November 13, 1997

For: ANTIBODIES TO LIPOPROTEINS AND  
APOLIPOPROTEINS AND METHODS  
OF USE THEREOF

Group Art Unit: 1645

Examiner: Patricia Ann Duffy

Atty. Dkt. No.: OMRF:043USC1

<p>CERTIFICATE OF MAILING 37 C.F.R 1.8</p> <p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:</p> <p>August 24, 2005 Date</p> <p>_____ Steven L. Highlander</p>	
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**AMENDMENT IN RESPONSE TO EXAMINER'S ANSWER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Commissioner:

This paper is submitted in response to the Examiner's Answer dated July 6, 2005. It is believed that no fee is due; however, should any fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason relating to this document, the Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No.: 50-1212/OMRF:043USC1/SLH.

**Amendment begin on page 2 of this paper; Remarks begin on page 9.**